

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101028624 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP	6							TOTAL DEP							
TOTAL CLAIMS	9							TOTAL CLAIMS							